

As the below named inventor(s), I/we declare that:



Docket No. 0052.01

PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

This declaration is directed to:
☑ The attached application, entitled "Modified Live Flavobacterium Columnare Against Columnaris Disease in Fish" or
Application No, filed on
as amended on (if applicable);
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.
FULL NAME OF INVENTOR(S)
Inventor one: Craig A. Shoemaker
Signature: Lave A. Sholme har Citizen of: US
Inventor two: Phillip H. Klesius
Signature: Kensung Citizen of: US
Inventor three: Joyce J. Evans
Signature: Citizen of:
Inventor four:
Signature: Citizen of:
Additional inventors are being named on additional form(s) attached hereto.
Burden Hour Statement This collection of Information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to fite (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND

P.03

TO: Assistant Commissioner for Patents, Washington, DC 20231.





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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:	···
This declaration is directed to:	
Columnaris Disease in Fish " or	ified Live Flavobacterium Columnare Against
Application No.	, filed on,
as amended on	(if applicable);
I/we believe that I/we am/are the original and first inventor(which a patent is sought;	s) of the subject matter which is claimed and for
I/ we have reviewed and understand the contents of the ab amended by any amendment specifically referred to above	ove-identified application, including the claims, as
I/we acknowledge the duty to disclose to the United States known to me/us to be material to patentability as defined in became available between the filing date of the prior applicate of the continuation-in-part application, if applicable; an	37 CFR 1.56, including material information which ation and the National or PCT international filing
All statements made herein of my/own knowledge are true, belief are believed to be true, and further that these statem false statements and the like are punishable by fine or impleopardize the validity of the application or any patent issuir	ents were made with the knowledge that willful risonment, or both, under 18 U.S.C. 1001, and may
FULL NAME OF INVENTOR(S)	
Inventor one: Craig A. Shoemaker	
Signature:	Citizen of: US
Inventor two: Phillip H. Klesius	
Signature:	Citizen of: US
Inventor three:Jovce J/Evans	
Signature: Mare & Culars	Citizen of: US
Inventor four:	
Signature:	Citizen of:
	al form(s) attached hereto.
Burden Hour Statement: This collection of Information is required by 35 U.S.C. 115 and process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14	137 CFR 1.83. The information is used by the public to fite (and the PTO to . This form is estimated to take 1 minute to complate. This time will very

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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application Number

Application Number

		Abbucation	Number	New
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Filing Date		
		First Named Inventor		Craig A. Shoemaker et al.
		Group Art L	Init	
		Examiner N	ame	
		Attorney Do	cket Number	0052.01
I hereby appoint:	A			
Practitioners at	Customer Number			
☐ Practitioner(s) r	named below:	25	712	
				
	Name		Registration	Number
				
as my/our attor	ney(s) or agent(s) to prosecut	the ennlice	ation identified	above and to transport all
business in the	United States Patent and Tra	demark Offi	ce connected t	therewith.
	correspondence address for i			
☑ The above-men	itioned Customer Number.	-10 00010 10	circirca applica	morries.
OR:				
©Firm or				
Individual Name				
Address				
Address				
City	,	State		Zip
Country				
Telephone		Fax		
I am the:				
☑ Applicant/Invent	tor.			
☐ Assignee of rec	ord of the entire interest. See	37 CFR 3.7	1.	
Statement unde	r 37 CFR 3.73(b) is enclosed	i. (Form PTC	D/SB/96).	,
:	SiGNATURE of App	plicant or Ass	signee of Reco	rd
Name	Joyce J. Evans			
Signature	1 1/3	~		
	forze de la	vans		
Date	J / /2/1	101		
NOTE: Nices	Y/ Y/3/11	101		
Submit multiple forms if	i the inventors or assignees of rec I more than one signature is requir	ord of the entil red, see below	re interest or their *.	representative(s) are required.
	ms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





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PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0851-0035

Inder the Paperwork Reduction Act of 1995, no persons are rec	uired to respond to a collection of infor	mation unless it display a valid OMB control number.
	Application Number	New
POWER OF ATTORNEY O	Filing Date	
	First Named Inventor	Craig A. Shoemaker et al.
AUTHORIZATION OF AGEN	Group Art Unit	
	Examiner Name	
	Attorney Docket Num	ber 0052.01
I hereby appoint: Practitioners at Customer Number OR Practitioner(s) named below:	25712	
Name	Regist	ration Number
		:
as my/our attorney(s) or agent(s) to pro business in the United States Patent at	secute the application ider nd Trademark Office conne	itified above, and to transact all octed therewith.
□ The above-mentioned Customer Numb OR □ Firm or Individual Name	oer.	
Address		
Address		
City	State	Zip
Country	<u></u>	
Telephone	Fax	
I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interes Statement under 37 CFR 3.73(b) is en		
SIGNATURE	of Applicant or Assignee o	Record
Name Craig A. Shoemaker		/
Signature Cash N. Su	Mayer !	
Date /2/6/01		
NOTE: Signatures of all the inventors or assigned Submit multiple forms if more than one signature	is of record of the entire interest is required, see below*.	or their representative(s) are required.
図 *Total of 3 forms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231,





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PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

		Application Number	New
POWED OF	ATTORNEY OR	Filing Date	
		First Named Inventor	Craig A. Shoemaker et al.
AUTHORIZATION OF AGENT		Group Art Unit	
		Examiner Name	
		Attorney Docket Nun	nber 0052.01
I hereby appoint: ■ Practitioners at C OR □ Practitioner(s) na		25712	
	Name	Regis	stration Number
·	 		
as mylour attorne	v(s) or agent(s) to prosecu	ite the application ide	entified above, and to transact all
	nited States Patent and Tr		
	rrespondence address for oned Customer Number.	TIO GDOTC IDETIBILED	apphounditio.
OR			
□Firm or Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	
I am the: ■ Applicant/Invento ■ Assignee of reco	r. rd of the entire interest. Se 37 CFR 3.73(b) is enclose		·).
	\		
		pplicant or Assignee of	of Record
		pplicant or Assignee o	of Record
Statement under	SIGNATURE of A	pplicant or Assignee of	of Record
Statement under	SIGNATURE of A		of Record

☑ Total of 3 forms are submitted. Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.